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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/619,380
Filing Date	July 14, 2003
First Named Inventor	Ty WHITAKER et al.
Group Art Unit	3736
Examiner Name	Not yet assigned
Attorney Docket Number	281_398.01

Total Number of Pages in This Submission

5

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawings (2 sheets; Figs. 1A-2) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosures (please identify below): Transmittal Form PTO/SB/21 (1 p.); Communication regarding Submission of Formal Drawings (1 p.) with 2 sheets of formal drawings (Figs. 1A-2); Return Mailroom Postcard; and Certificate of First Class Mailing.
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account No. 50-0289.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Wall Marjama & Bilinski LLP	Reg. No. 42,897
Signature		
Date	October 15, 2004	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: October 15, 2004		
Typed or printed name	Sarah A. Lockwood	
Signature		Date October 15, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of: Ty WHITAKER et al.

Filed: July 14, 2003

Docket No.: 281_398.01

Ser. No.: 10/619,380

Art Unit: 3736

Examiner: Not yet assigned

For: MOTION MANAGEMENT IN A FAST BLOOD PRESSURE
MEASUREMENT DEVICE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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Sarah A. Lockwood

COMMUNICATION

Sir:

Enclosed herewith are 2 sheets (Figs. 1A-2) of formal drawings for filing in
the above-referenced patent application.

The Commissioner is hereby authorized to charge any additional fees
associated with this communication or credit any overpayment to deposit Account
No. 50-0289. A duplicate copy of this sheet is enclosed.

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Respectfully submitted,

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October 15, 2004

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